

**APPLICATION FOR REGISTRATION AS AN  
INSURANCE CONSULTANT**

DATE CERTIFIED BY BOARD

FEE PAID?

☐ YES ☐ NO

DATE

**INSTRUCTIONS****USE BLACK INK**

All information requested on this application must be **typewritten** or **printed**. Must be legible. If more room is needed for any item below, attach a separate sheet of paper.

I hereby apply for registration as an insurance consultant in the state of Missouri, and submit for consideration the following proofs as required by the Missouri laws governing the practice of Chiropractic, and by the Rules of the State Board of Chiropractic Examiners of Missouri.

1. NAME (PRINT NAME IN FULL, INCLUDING MIDDLE NAME AND MAIDEN NAME)	
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER (     )
2. PRESENT ADDRESS (CITY, STATE, ZIP)	
3. ARE YOU CURRENTLY LICENSED TO PRACTICE CHIROPRACTIC IN MISSOURI?  <input type="checkbox"/> YES <input type="checkbox"/> NO  IF YES 	LICENSE NUMBER
4. LIST OTHER STATES WHERE YOU ARE NOW OR HAVE BEEN LICENSED.  <div style="text-align: right;"><input type="checkbox"/> NONE</div>	
5. HAVE YOU HAD ANY COMPLAINTS FILED AGAINST YOU IN ANY STATE? (IF YES, EXPLAIN WHERE AND THE NATURE OF THE COMPLAINT)  <div style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div>	
6. HAVE YOU EVER VOLUNTARILY SURRENDERED A STATE LICENSE? (IF SO, STATE REASONS)  <div style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div>	
7. LIST ANY PROBATION, SUSPENSION OR REVOCATION OF YOUR CHIROPRACTIC LICENSE IN ANY OTHER STATE.  <div style="text-align: right;"><input type="checkbox"/> NONE</div>	
8. HAVE YOU EVER BEEN CHARGED, ENTERED A PLEA OF GUILTY OR NOLE CONTENDERE, OR CONVICTED OF ANY CRIMINAL OFFENSE(S) IN MISSOURI, OR IN ANOTHER STATE, OR IN FEDERAL COURT (OTHER THAN MINOR TRAFFIC VIOLATIONS)? IF YES, ATTACH EXPLANATION STATING DATE AND PLACE OF CHARGE, PLEAS OR CONVICTION(S) AND THE NATURE OF SUCH OFFENSE(S).  <div style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div>	
9. LIST PERCENTAGE OF EARNED INCOME FROM THE PRACTICE OF CHIROPRACTIC, EXCLUDING INSURANCE CLAIMS REVIEW. HOW MANY INSURANCE REVIEWS DID YOU PERFORM LAST YEAR? WHAT PERCENT FROM CLINICAL PRACTICE OF CHIROPRACTIC? WHAT PERCENT FROM INSURANCE CLAIMS REVIEW?	
10. CERTIFICATION ENCLOSED OF SUCCESSFUL COMPLETION OF AT LEAST ONE HUNDRED (100) HOURS OF POST GRADUATE TRAINING, IN INSURANCE CLAIMS CONSULTING, WHICH TRAINING WAS PRESENTED BY A COLLEGE OF CHIROPRACTIC HAVING STATUS WITH THE COUNCIL ON CHIROPRACTIC EDUCATION.  <div style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div>	
11. CERTIFICATION ENCLOSED OF SUCCESSFUL COMPLETION OF AT LEAST ONE HUNDRED (100) HOURS TRAINING IN INSURANCE CLAIMS CONSULTING IN THE COURSE OF STUDY APPROVED BY THE STATE BOARD OF CHIROPRACTIC EXAMINERS.  <div style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div>	
Missouri Statutes 565.060 - False Official Statements. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty may be guilty of a Class B misdemeanor.	
SIGNATURE OF APPLICANT	DATE